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CONFIRMATION NO. 5364

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY<br>DOCKET NO.     |
|---------------|--------------------------|-------|----------------|----------------------------|
| 09/801,944    | 03/08/2001               | 435   | 1646           | PHRM0008-<br>100/00100.US1 |
| RULE          |                          |       |                |                            |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/187,828 03/08/2000  
and claims benefit of 60/187,715 03/08/2000  
and claims benefit of 60/187,929 03/08/2000  
and claims benefit of 60/187,930 03/08/2000  
and claims benefit of 60/187,825 03/08/2000  
and claims benefit of 60/187,833 03/08/2000  
and claims benefit of 60/187,830 03/08/2000  
and claims benefit of 60/187,829 03/08/2000  
and claims benefit of 60/187,582 03/08/2000  
and claims benefit of 60/187,581 03/08/2000  
and claims benefit of 60/187,714 03/08/2000  
and claims benefit of 60/189,294 03/08/2000  
and claims benefit of 60/187,874 03/08/2000  
and claims benefit of 60/187,928 03/08/2000  
and claims benefit of 60/188,049 03/09/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/20/2001

|  |                           |                        |                       |                             |
|--|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>95 | INDEPENDENT<br>CLAIMS<br>17 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                             |
| Verified and Acknowledged  | Examiner's Signature      | Initials               |                       |                             |

## ADDRESS

34135

## TITLE

Novel G protein-coupled receptors

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>4998 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                |   |  |